Express Mail Label No: EV242754152USUS

Date of Deposit: December 22, 2003

#### **Application Data Sheet**

#### **Application Information**

Regular Application Type::

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R:: CD-ROM

Sequence submission: CD-ROM

Computer Readable Form (CRF):: Yes

Number of copies of CRF:: 3

Title:: "Nucleic Acid and Amino Acid Sequences Involved in

Pain"

Attorney Docket Number:: 17633/2005

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

**Total Drawing Sheets:** 4

Small Entity:: Yes

Petition Included:: Yes

Secrecy Order in Patent No

Application?::

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity Given Name:: Clifford

Middle Name::

Family Name:: Woolf

City of Residence:: Newton

State or Providence of Residence:: Massachusetts

Country of Residence:: United States

Street of Mailing Address:: 107 Franklin Street

City of Mailing Address:: Newton

State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 02158

Applicant Authority Type:: Inventor

Primary Citizenship Country:: German

Status:: Full Capacity

Given Name:: Donatella

Middle Name::

Family Name:: D'Urso

City of Residence:: Duesseldorf

State or Providence of Residence:: Linnicher Strasse 2

Country of Residence:: Germany

Street of Mailing Address::

City of Mailing Address:: Duesseldorf

State or Province of Mailing Address::

Postal or Zip Code of Mailing Address:: 40547

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Katia

Middle Name::

Family Name::

Befort

City of Residence::

Strasbourg

State or Providence of Residence::

Country of Residence::

France

Street of Mailing Address::

4 place des Moulins

City of Mailing Address::

Strasbourg

State or Province of Mailing Address::

Postal or Zip Code of Mailing Address::

67000

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Michael

Middle Name::

Family Name::

Costigan

City of Residence::

Somerville

State or Providence of Residence::

MA

Country of Residence::

**United States** 

Street of Mailing Address::

11 Harold Street

City of Mailing Address::

Somerville

State or Province of Mailing Address::

Massachusetts

Postal or Zip Code of Mailing Address::

02143

### Correspondence Information

Correspondence Customer Number::

29933

### Representative Information

Representative Information Number::	29933
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# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-Part	10/219,051	14 August 2002
This application	Utility	60/312,147	14 August 2001
This application	Utility	60/346,382	1 November 2001
This application	Utility	60/333,347	26 November 2001

## **Assignee Information**

Assignee Name::

The General Hospital Corporation